

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATESSteven Alfano
NYH # 228-41-47
06/05/02 00:00

Patient Name: ALFANO, STEVEN

Binary #: 228-41-47

Accession #: 4438721

Spec Security: 000000000000

Date of Birth: 07-17-1958

Sex: M

Ordered by:

Specimen Date: 06/05/2002 00:00

Report Date: 06/06/2002 02:18

Status: Final

COMP METABOLIC PANEL

GLUCOSIFASTING mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your draw-on-screen order. If you have any questions or concerns, please call our client services department at 800-633-1390.

SODIUM	143	mmol/L	135-146
POTASSIUM	4.2	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	22	mmol/L	21-33
UREA NITROGEN	19	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	12.3		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN, TOTAL	7.4	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBULIN, CALCULATED	2.7	g/dL	2.2-4.2
ALB/G Ratio	1.7		0.8-2.0
BILIRUBIN, TOTAL	0.73	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	120	U/L	20-125
AST	71	U/L	2-50
ALT	46	U/L	2-60
PTT	32.9	Seconds	22.0-34.0
PROTHROMBIN TIME			
INR	0.95	Ratio	0.90-1.10
No Anticoagulant, Normal 0.9 - 1.1			
Oral Anticoagulant, Standard Dose 2.0 - 3.0			
Oral Anticoagulant, High Dose 2.5 - 3.5			

GLUCOSE mg/dL 65-125

The glucose reference range is based on a non-fasting value.

CBC W/ DIFF & PLT

WBC	7.6	Thousands/ μ L	3.8-10.8
RBC	5.28	Millions/ μ L	4,20-5,80
HEMOGLOBIN	13.5	g/dL	13.2-17.1
HEMATOCRIT	44.8	%	38.5-50.0
MCV	84.8	fL	80.0-100.0
MCH	29.4	pg	27.0-35.0
MCHC	34.7	g/dL	32.0-36.0
RDW	12.2	%	11.0-15.0
PLATELET COUNT	237	Thousands/ μ L	140-400
MPV	8.3	%	7.5-11.5
TOTAL NEUTROPHILS, %	67.5	%	
TOTAL LYMPHOCYTES, %	22.9	%	

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CORNELL INTERNAL MEDICINE ASSOCIATESSteven Alfano
NYH # 228-41-47
06/05/02 00:00
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MONOCYTES,%	6.6	%
EOSINOPHILS,%	2.6	%
BASOPHILS,%	0.1	%
NEUTROPHILS,ABSOLUTE	5153	Cells/cu. mm
LYMPHOCYTES,ABSOLUTE	1740	Cells/cu. mm
MONOCYTES,ABSOLUTE	502	Cells/cu. mm
EOSINOPHILS,ABSOLUTE	198	Cells/cu. mm
BASOPHILS,ABSOLUTE	8	Cells/cu. mm

DIFFERENTIAL.

An impression differential was performed.

URINALYSIS,COMPLETE

COLOR	Dark Yellow	Yellow	
APPEARANCE	Clear	Clear	
GLUCOSE,OL.	Negative	mg/dL	Negative
BILIRUBIN	Negative	mg/dL	Negative
KETONES	Negative	mg/dL	Negative
SPECIFIC GRAVITY	1.035 H	1.001-1.030	
BLOOD	Negative		Negative
pH	7.0	5.0-8.0	
PROTEIN,TOTAL,OL.	30 (14)	mg/dL	Negative
NITRITE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	3-5	/high'	0-5
WBC	0-2	/high'	0-3
BACTERIA	None	/high'	None
RBC	none	/high'	0-2

3180-84000
50-67-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano
NYH # 228-41-47
06/11/02 17:58

Progress Note: Steven Allano / June 11, 2002

Subjective: 48 year old man with
preoperative visit - no changes since last visit 4/02

Genit: released by orthopaedic oncologist
dx LSMFT (?) (osteoblastic myxofibrous tumor)

depression - feeling better with benign diagnosis above
occult dysmetria - also contributing to depression

Objective:

BP 124/84 P 88 HR 110, Wt 298 LBS Height 5FT 3IN

MENT: PERRL, EOMI w/out nystagmus, does R/t B. no H/E.
OP, TM's and ears clr, no sinus tenderness.
Neck: no LN, no lymphadenopathy, carotids 2+R, no bruits.
Lungs and Chest: CTA and P. No axillary or SC LN.
Cerv: PMF non tender, non displaced, R/R x1x2, no offset.

Back: no spinous tenderness or tendos. No CVAT.
Abd: BS active, NT, NJ, no HSM.

Rectal:

Lymphatics: No axillary, suprascapular, or inguinal LN.
Ext: DP 2+ B. no edema.

M/S: moderate R shoulder impingement
Neuro: Non focal. Strength 5/5 B UE and LE. DTR's 2+ throughout.

Skin: No rashes or dysplastic nevi.
GU: testes NL, size: no masses, no scrotal masses, no inguinal hernia B.

Current Medications:

VICODIN 5/500 TABLET / 1 tab po q 4 h prn
TRIAMCINOLONE 0.1% CREAM / apply bid
VIOMAX 50MG TABLET / 1 tab po qd
CELEXA 20MG TABLET / 1 po qd
ZESTRIK 20MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
RIMETREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
RIMETREX 30MG TABLET / 1-2 tab w/ onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:
low risk for planned surgery

6/11/02 17:58
SO-CI-S

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CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Altano
NYH # 226-41-47
06/11/02 17:58
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ED
New medication: VIMACRA 50MG TABLET / 1 tab po 1-2 hr intervals

Tobacco use
WELLBUTRIN SR 150MG TABLET / 1 tab po bid
may have benefit in depression

KTC

Keith Campbell, APRN

3730-84610
50-CT-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/27/02 15:48

Progress Note: Steven Alfano / September 27, 2002

Subjective: 44 year old man with
low back pain - on social security disability

former lesion - evaluated by orthopaedic oncologist
dx LSMFT (?) - progressing myxofibrous tumor

depression - feeling better with benign diagnosis above
doing better with Wellbutrin

erectile dysfunction - also contributing to depression
not precipitated

quit smoking

benign
c/o pain under R testicle
worse after sex

hip pain - L hip -不已

HTN - on Zestril
Objective:

BP 130/80 Lp R 30 bpm Wt 293 lbs Height 6'2" MN
small bulging, no frank herniation

Current Medications:

VIAGRA 50MG TABLET / 1 tab po 1-2 hrs intramuscle
WELLBUTRIN SR 150MG TABLET / 1 tab po bid
VICODIN 5/50 TABLET / 1 tab po q 4 h prn
TRIAMCINOLONE 0.1% CREAM / apply bid
VIQXX 50MG TABLET / 1 tab po qd
COLEXA 20MG TABLET / 1 poqd
ZESTRIL 20MG TABLET / 1 poqd
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET BC / 1 tab qd

Allergies:

2700-01013

Impression:

90-01-9

Planned/changes to regimen

Depression - better

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Steven Allano
NYH # 228-41-47
09/27/02 15:48
Page 1 of 2

back pain - pt plans to get back surgery eventually

Refilled: WELLCORTRIN SR 150MG TABLET / 1 tab po bid
VICODIN 5000 TABLET / 1 tab po q 4 h prn

RTC

Keith Roach, MD

2720-WND10
90-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/11/02 00:00

Patient Name: ALFANO, STEVEN

Hixtry #: 228-41-47

Accession #: 10627

Sec. Security: 097489648

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 12/11/2002 00:00

Report Date: 12/11/2002 12:35

Specs: Blood

TESTOSTERONE, TOT & FREE

	2.8 M	Percent	1.0-2.7
TESTOSTERONE, % FREE		pg/mL	50.0-210.0
TESTOSTERONE, FREE	93.2	pg/mL	
TOTAL TESTOSTERONE	336	ng/dL	260-1000

3780-000010
50-01-9

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CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
12/11/02 14:04

Progress Note: Steven Alfano / December 11, 2002

Subjective: 41 year old man with
smoked 200s in month
low back pain - got social security disability
taking Vimax, diapefex, Viacidin
frequent erection - measured by an impotence oncologist
dx LSMP 17 (liposclerosing myositis fibrosis tumor)
depression - feeling better with benign diagnosis above
doing better with Wellbutrin
erectile dysfunction - also contributing to depression
got prescription
quit smoking
heroin
do pain under R testicle
worse after sex
hip pain - L, since - only once
R sided fibrotic nod
HTN - no Zestril
SH: did get disability
financially doing much better

Objective:

BP 136/88 P 92bpm RR 12 Wt 283.5lbs Height 6FT 3IN
looks like root of wisdom tooth - supposedly all removed

Current Medications:

VIAGRA 50MG TABLET / 1 tab po 1-2 h a intercourse
WELLBUTRIN SR 150MG TABLET / 1 tab po bid
VICODIN 5/500 TABLET / 1 tab po q 4 h prn
TRIAMCINOLONE 0.1% CREAM / apply bid
VIOXX 30MG TABLET / 1 tab po qd
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACID 10MG CAPSULES / 1 po qd

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CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano
NYH # 228-41-47
12/11/02 14:04
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IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:
eruption of part of tooth
LSFT
HTN

Plan:
ORAL SURGERY CONSULT
ORTHOPEDIC CONSULT
FEMUR
TESTOSTERONE; FREE AND TOTAL

Discontinued: VIVAXX-50MG TABLET / 1 tab po qd

Replaced: VICODIN 5/500 TABLET / 1 tab po q 4 h prn

New medication: MUPROPEN 600MG TABLET / 1 tab po dd

RTC

Keith Rosen, MD

3380-MND10
90-87-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano
NYH # 228-41-47
04/07/03 11:15

Progress Note: Steven Allano / April 7, 2003

CIMA/GMC Pre-operative Evaluation

Requested by Dr. Alexiades (bx 212-439-6855)

Referring Physician's address/telephone #: bx 10 Lenox Hill 434-3358

Planned surgery: discectomy, arthroscopy

Surgery date: 4/10/03

HPI: 45 year old man with

PMH:

low back pain - esp sciatic neuritis disability
taking Vicks, Vicodin, ibuprofen (headaches)

severe lesion - reassured by orthopedic, oncologist
dx LSMPT (?良性的, 無害な腫瘍)

depression - feeling better with benign diagnosis above
doing better with Wellbutrin

erectile dysfunction - also contributing to depression
not prescribed

quit smoking

hemis
c/o pain after R testicle
worse after sex

HTN - no Zestril

Coronary artery disease: none
Diabetes mellitus requiring therapy: none (bad diet: none)
COPD: none
Asthma: none

PSH: hemia report

Phs: NC

Sh: living at home with wife
Work: no disability
Relationships:
Gumtree user: quit x 1 month
Alcohol: rare
Drugs: none

Health maintenance: up-to-date
Immunizations: up-to-date

478-0-800-10
30-21-9

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Steven Alfano
NYH # 228-41-47
04/07/03 11:15
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Current Medications:

WELLDOURIN 30 150MG TABLET / 1 tab po bid
VIAGRA 50MG TABLET / 1 tab po 1-2 hr a. before intercourse
VICODIN 5/500 TABLET / 1 tab po q 4-6 hrs
TRIAMCINOLONE 0.1% CREAM / apply bid
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACO 5MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pm
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 325MG TABLET-EC / 1 po qd

Allergies:

Review of Systems:

Problems with anesthesia: some difficulty last time with waking up after general anesthetic

Bleeding problems: none

Exercise:

Blocks walk 100 before needing to rest: 1 block

Length of steps climbed before needing to rest: 4

Reason for stopping: back pain, neuropathic pain in back/leg

Pain: neg

Card: no chest discomfort

Gut: neg

GU: neg

Objective:

healthy looking man in no distress

BP 130/80 P 100, HR 80, R 16, T 98.6, Height 60.3in

HEENT: PERRL, EOMI when conjugous, skin fair B, no H/E.

OP, TM's and nares cl, no sinus tenderness.

Neck: no LBN, no thyromegaly/abdules, carotid 2+B, no bruits,

Lung and Chest: x PA and P. No axillary or SC LN.

CV: PMI unremarkable, nondisplaced, RR 16/2, no r/g.

Back: no spurious tenderness or scoliosis. No CVAT.

Abd: BS active, soft, ND, no HSM.

Rectal:

Lymphatic: No axillary, suprachavicular, or inguinal LN.

Ext: DP 2 + L, no edema.

M/S:

Neuro: Normal, Strength 5/5 B UE and LE, DTRs 2+ throughout.

Skin: No rashes or dysplastic nevi.

GU: testes M, size, no masses, no scrotal masses, no inguinal hernia.

Data (as clinically indicated):

Chemistry battery

Patient Name: ALFANO, STEVEN

CBC w/ DIFF + PLT
WBC

6.6

Phone/mob: 3.8-10.0

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CORNELL INTERNAL MEDICINE ASSOCIATESSteven Altano
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RBC	5.16	Mill/mcL	4.20-5.80
HEMOGLOBIN	15.3	g/dL	13.2-17.1
HEMATOCRIT	45.0	%	38.5-50.0
MCV	87.2	fL	80.0-100.0
MCH	29.6	pg	27.0-33.0
MCHC	33.9	g/dL	32.0-36.0
RDW	13.0	%	11.0-15.0
PLATELET COUNT	297	Thous/mcL	140-400
MPV	8.2	%	7.5-11.5
TOTAL NEUTROPHILS, %	66.9	%	38-80
TOTAL LYMPHOCYTES, %	24.2	%	15-49
MONOCYTES, %	6.8	%	0-13
EOSINOPHIL, %	1.6	%	0-8
BASOPHILS, %	0.3	%	0-2
NEUTROPHILS, ABSOLUTE	3753	Cells/mcL	1500-7800
LYMPHOCYTES, ABSOLUTE	2081	Cells/mcL	850-3900
MONOCYTES, ABSOLUTE	585	Cells/mcL	200-950
EOSINOPHILS, ABSOLUTE	159	Cells/mcL	15-550
BASOPHILS, ABSOLUTE	26	Cells/mcL	0-200
DIFFERENTIAL			

No instrument differential was performed.

COMP METABOLIC PANEL
GLUCOSE, FASTING mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chem-screen order. If you have any questions or concerns, please call our client services department at 212-631-1390.

SODIUM	142	mmol/L	135-146
POSSITIVE	4.6	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIL. XIDE	25	mmol/L	21-33
UREA NITR. GEN	18	mg/dL	7-25
CREATININE	1.1	mg/dL	0.5-1.4
BUN/CREATININE RATIO	16.4		6.0-25.0
CALCIUM	9.6	mg/dL	8.5-10.4
PROTEIN, TOTAL	7.6	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-6.9
GLLOBULIN, CALCULATED	2.8	g/dL	2.2-4.2
A/G RATIO	1.7		0.8-2.0
BILIRUBIN, TOTAL	0.63	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	113	U/L	20-125
AST	23	U/L	2-50
ALT	15	U/L	2-60
PTT	30.0	Seconds	22.0-34.0
PROTHROMBIN TIME			

INR	0.95	Ratio	0.90-1.10
H. Anticoagulant, Normal	0.9	- 1.1	
H. Anticoagulant, Standard Dose	2.0	- 3.0	
H. Anticoagulant, High Dose	2.5	- 3.5	

URINALYSIS, COMPLETE	++	++	++	++
COLOR	Dark Yellow			
APPEARANCE	Clear			
GLUCOSE, +	Negative	++	++	++
BILIRUBIN	Negative	++	++	++
KETONES	Negative	++	++	++
SPECIFIC GRAVITY	1.025-1.030			

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CORNELL INTERNAL MEDICINE ASSOCIATESSteven Alfano
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BLOOD	Negative		Negative
PH	6.0		5.0-8.0
PROTEIN, TOTAL, %D	Trace	mg/dL	Negative
NITRIFYE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	None	/hpf	0-5
WBC	None	/hpf	0-3
BACTERIA	None	/hpf	None
RBC	None	/hpf	0-2
GLUCOSE	96	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

CBC:
PT/INR:
GGT: normal
Chest X-ray: APG normal, not indicated today
Stress test: not indicated

Impression:
low risk for planned surgery
HTN - well controlled
back pain - OK on analgesics
ibuprofen d/c'd
cold aspirin therapy today

Recommendations:
no medical contraindications to planned surgery

Keith Ranch, MD

3730-WH010
90-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
04/07/03 11:41

Patient Name: ALFANO, STEVEN

Hospital #: 228-41-47

Accession #: 35446292

Spec Specity: 02944964X

Date of Birth: 01/14/58

Sex: M

Ordered by:

Specimen Date: 04/07/2003 11:41

Report Date: 04/08/2003 04:05

Status: Final

CBC W/ DIFF & PLT

WBC	8.6	Thousands	3.8-10.8
RBC	5.16	Mill/mcL	4.20-5.80
HEMOGLOBIN	15.3	g/dL	13.2-17.1
HEMATOCRIT	45.0	%	38.5-50.0
MCV	87.2	fL	80.0-100.0
MCH	29.6	pg	27.0-33.0
MCHC	31.9	g/dL	32.0-36.0
RDW	13.8	%	11.0-15.0
PLATELET COUNT	297	Thousands	140-400
MPV	8.2	%	7.5-11.5
TOTAL NEUTROPHILS %	66.9	%	38-80
TOTAL LYMPHOCYTES %	24.2	%	15-49
MONOCYTES %	6.8	%	0-10
EOSINOPHILS %	1.8	%	0-8
BASOPHILS %	0.3	%	0-2
NEUTROPHILS ABSOLUTE	5753	Cells/mcL	1500-7500
LYMPHOCYTES ABSOLUTE	2081	Cells/mcL	850-3900
MONOCYTES ABSOLUTE	585	Cells/mcL	200-900
EOSINOPHILS ABSOLUTE	155	Cells/mcL	15-550
BASOPHILS ABSOLUTE	26	Cells/mcL	0-200

DIFFERENTIAL

An instrument differential was performed.

COMP METABOLIC PANEL

GLUCOSE Fasting mg/dL 65-109

Glucose was performed on the gray-top tube that we received with your chem-16 panel. If you have any questions or concerns, please call our client services department at 800-631-1390.

SODIUM	142	mmol/L	135-146
POTASSIUM	4.6	mmol/L	3.5-5.3
CHLORIDE	103	mmol/L	98-110
CARBON DIOXIDE	25	mmol/L	21-33
UREA NITROGEN	18	mg/dL	7-25
CREATININE	1.1	mg/dL	0.6-1.0
BUN/CREATININE RATIO	16.4	mg/dL	14.8-26.0
CALCIUM	9.6	mg/dL	8.5-10.2
PROTEIN TOTAL	7.5	g/dL	6.8-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLOBAL CALCULATED	2.3	g/dL	1.2-4.2
A/G RATIO	1.7		0.8-2.0
BILIRUBIN TOTAL	0.63	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	143	U/L	20-125
AST	23	U/L	2-50
ALT	33	U/L	2-60

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CORNELL INTERNAL MEDICINE ASSOCIATESSteven Alfano
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PTT 36.0 Seconds 22.0-34.0

PROTHROMBIN TIME

INR 0.95 Ratio 0.90-1.10

No Anticoagulant, Normal 0.9 - 1.1

Oral Anticoagulant, Standard Dose 2.0 - 3.0

Oral Anticoagulant, High Dose 2.5 - 3.5

URINALYSIS UNCOMPLETE

COLOR	Dark Yellow	Yellow	
APPEARANCE	Clear	Clear	
GLUCOSE	Negative	mg/dL	Negative
BILIRUBIN	Negative		Negative
KETONES	Negative	mg/dL	Negative
SPECIFIC GRAVITY	1.035 H	1.001-1.030	
BLOOD	Negative		Negative
PH	6.0	5.0-8.0	
PROTEIN TOTAL, OL	Trace	mg/dL	Negative
NITRITE	Negative		Negative
LEUKOCYTE ESTERASE	Negative		Negative
SQUAMOUS EPITHELIAL CELLS	None	sg/dL	0-5
WBC	None	/hpf	0-3
BACTERIA	None	/hpf	None
RBC	None	/hpf	0-2
GLUCOSE	96	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

330-44030
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/01/03 11:23

Mt Sinai School Of Medicine

January 234th 2003

Dr. Dempsey S. Springfield, MD
Orthopaedic Surgeon
212-241-8343
Fax # 212-526-6145

DX: LSMFT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and radiodensities. I compared it to the one taken in July.

ms

3720-WH010
50-63-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/21/03 22:09

Progress Note: Steven Alfano / May 21, 2003

Subjective: 63 y, m old man with skin tags
for removal

surgery for hem moroids went well

back pain - postoperative surgery
one problem at a time!

quit smoking

forms filled out

Objective:

BP 130/90 /¹ HR 80 bpm /² RR 12 / Temp 99.3 F / Wt 294 lbs / Height 6ft 2in / Pain usual
multiple skin tags

Current Medications:

WELDUTINN SR 150MG TABLET / 1 tab po bid
VIAGRA 50MG TABLET / 1 tab po 3-2 hr intercourse
VICODIN 5/500 TABLET / 1 tab po q 4-6 pm
TRIAMCINOLONE 0.1% CREAM / apply bid
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACO 20MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally pr
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd

Allergies:

Impression:

Plan:
reviewed with acute: w/absx without dilation per pt request

discussed options for back pain

RTC 3 mo

Keith Ranch, MD
Electronic Signature on File

330-WH030
50-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/22/08 10:01

Progress Note: Steven Alfano / September 22, 2008

Subjective: 45 year old man with
quit smoking

lost 4 lb

musculoskeletal:
R hip - will see Alexander
neck - C5 radicopathy
shoulder - fixed!

deep venous

concreta abd (CVL)

skin tags

Objective:

BP 110/80 P 80 bpm RR 12 Temp 98.2 F Wt 290lb Ht 6ft 3in
looks well
small, benign appearing skin tags

Current Medications:

WELLBUTRIN SR 150MG TABLET / 1 tab po bid
VIAGRA 50MG TABLET / 1 tab po 1-2 h a intercourse
VICODIN 5/500 TABLET / 1 tab po q 4 h prn
TRIAMCINOLINE 0.1% CREAM / apply bid
CELEXA 20MG TABLET / 1 po qd
ZESTRIL 20MG TABLET / 1 po qd
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 70MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 80MG TABLETS / 1 tab po q6h

Allergies:

Impressions:

Plan:
sexting - congratulations

hip pain - will see Dr Alexander

spinal stenosis - certified anesthesiologist to review more aggressive treatment
lose first weight

330-840-0000
908-749

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano
NYH # 228-41-47
09/22/03 10:01
Page# 2

sleep apnea - no evidence of organ damage, no daytime somnolence - no need for CPAP at this time

? CAD - unclear, date

RTC

Keith Reisch, MD
Electronic Signature on file

8730-WH010
90-07-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Allano
NYH # 228-41-47
09/22/03 22:10

Patient Name: FAIRY, STEVEN

History #: 228-41-47

Accession #: 09479879

Spec Specuity: 120mL/30mL

Date of Birth: 01/11/1958

Sex: M

Ordered by: RAVATI, RUTH

Specimen Date: 09/22/2003 22:10

Report Date: 09/23/2003 06:37

Status: Final

LIPID PANEL

TRIGLYCERIDES	130	mg/dL	<150
HDL CHOLESTEROL	46	mg/dL	>40
CHOLESTEROL TOTAL	224 H	mg/dL	<200
BAL CHOLESTEROL	46	mg/dL	>40
CHOLESTEROL/HDL RATIO	4.9		<5.0
LDL CHOL. CALCULATED	152 H	mg/dL	<130
TRIGLYCERIDES	130	mg/dL	<150
COMP METABOLIC PANEL			
GLUCOSE	69	mg/dL	65-125

The glucose reference range is based on a non-fasting state.

SODIUM	141	mmol/L	135-146
POTASSIUM	4.4	mmol/L	3.5-5.3
CHLORIDE	102	mmol/L	98-110
CARBON DIONIDE	26	mmol/L	24-33
UREA NITROGEN	20	mg/dL	7-25
CREATININE	1.0	mg/dL	0.5-1.4
BUN/CREATININE RATIO	20.0		6.0-25.0
CALCIUM	9.4	mg/dL	8.5-10.4
PROTEIN TOTAL	7.4	g/dL	6.0-8.3
ALBUMIN	4.7	g/dL	3.5-4.9
GLLOBULIN CALCULATED	2.7	g/dL	2.2-4.2
AG RATIO	1.7		0.8-2.0
UNIBILIRUBIN TOTAL	0.66	mg/dL	0.20-1.50
ALKALINE PHOSPHATASE	118	U/L	20-125
AST	21	U/L	2-50
ALT	32	U/L	2-60
C-REACTIVE PROTEIN	0.1	mg/dL	<0.8

2003-09-23
2003-09-23

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/22/04 16:42

Mr. Steven Alfano, MD

IMPRESSION:

Mr. Alfano remains asymptomatic. X-rays show no change in the lesion in his proximal femur. We will follow him on an annual basis.

Dempsey S. Springfield, MD

ms

3120-8M030
30-21-9

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER
CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/10/04 22:44

Progress Note: Steven Alfano / September 10, 2004

Subjective: 40 year old man with
lumbar spinal stenosis - did not tolerate Oxycodone - did very poorly, now better
HTN - continues high BP today to running out of meds
neck pain - currently complaining of neck pain/stiffness
R > L

Objective:

BP 140/80 mm Hg 723 lbs Height 6'5" 5in
126/96 apical
upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 per day
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 10MG TABLET'S / 1 tab po qid
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:
neck pain: discussed problem of deciding whether to treat if identified
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy
Discontinued: ZESTRIL, 20MG TABLET / 1 po qd

RTC

Keith Rosch, M.D.
Electronic Signature on File

8700-0400
20-21-0

JUL 14 2005 3:32PM NYPH

NO. 483 F. 1

Keith Roach, MD
Council Internal Medicine Associates
500 East 70th Street
New York, NY 10021
Tel: 212-740-2070 Fax: 212-748-5127
kwr2001@med.commed.edu

New York
Presbyterian
Hospital

Fax

To: Dr. Scott C. Taylor From: Dr. Roach
Fax: 860-731-3211 Pages: 2
Phone: Date: 06/14/05
Re: Steven Affano cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments

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JUN. 14, 2005 3:32PM NYPH

NO. 483 p. 2



John and Sanford L. Weill
Medical College

Keith W. Roach, M.D.
Associate Professor of Clinical Medicine
Associate Professor of Public Health and Epidemiology
Program Director, Primary Care Residency Program
Cornell Internal Medicine Associates
Department of Medicine

800 East 70th Street
McLuhan Tower, Suite 450
New York, NY 10021
Telephone: 212 746-2979
Fax: 212 746-6409

Dr Scott C. Taylor, D.O.
Cigna Insurance
By fax 860-731-3211

June 14, 2005

Dear Dr Taylor:

I wanted to provide a summary of Mr Alfano's condition and my recommendations for his future work, following our telephone conversation and the summary you sent me on June 8, 2005.

Mr. Alfano has some residual functional capacity to do sedentary work. He is limited, however, by his need for sitting, standing, and laying down ad lib frequently during the day. I do not think Mr Alfano is capable of performing even sedentary work for more than $\frac{1}{2}$ hour at a time, nor for more than two hours total during the day. While it is possible that he may improve his ability to do work, he unfortunately has not improved in the last five years and it seems to be less likely that he will have significant improvement. He continues to require daily narcotics, and frequent hot baths for pain control. The neck and back are the primary problem; the LSMFT of the femur is not a disabling condition.

My recommendations are indeed based primarily on the history of Mr Alfano, but also on my direct observation of his level of discomfort in a 20 to 30 minute office visit. I continue to affirm the findings of the prior disability determinations.

Sincerely,

Keith W. Roach, M.D.

Message Confirmation Report

JUN-10-2005 12:54 PM FRI

Pax Number : 9729521262
 Name : CIGNA DALLAS

Name/Number : 912052623902---88595
 Page : 7
 Start Time : JUN-10-2005 12:52PM FRI
 Elapsed Time : 01:33"
 Mode : STD ECH
 Results : [O-X]

Facsimile Transmission Cover Sheet

Cigna Group Insurance
Healthcare - Identity

Transmit to FAX number	Date	Time	Trans number of pages
1-800-634-8532	June 10, 2005	12:41 PM	0
To		Fax number (include the area code)	
Kane		Name	
Melissa Harrison		Tiffney Brown	
Company		Department	
Healthsouth		Expert Respite	
Phone		Phone	
205-248-3232		3400-342-0611 *3002	
Address		Address	
		12225 Greenville Ave	
		Dallas, TX 75243	

Customer Action Taken

1 Day FCO request please. Attached are the documents. Please contact me with any questions.

Please Rush

Please

Thank you,

Tiffney Brown

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FAX/Email/Telephone Received

Fax/Email/Telephone

Facsimile Transmission Cover Sheet**CIGNA Group Insurance**
Life • Accident • Disability

Transmit to FAX number 1-800-634-8532	Date June 10, 2005	Time 12:48 PM	Total number of pages (including this sheet) 7
To		From	
Name Melissa Harrison	Name Tiffany Brown		
Company Healthsouth	Department Expert Resource		
Phone 205-262-3902	Phone 1-800-352-0611 *1082		
Address	Address 12225 Greenville Ave Dallas, TX 75243		

Claimant: Alfonso, Steven**1 Day FCE request please. Attached are the documents. Please contact me with any questions.****Please Rush**

Please

Thank you,

Tiffany Brown

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 Acknowledgment Requested

To Fax a reply, dial:

CIGNA REFERRAL FORM

Underwriter: Connecticut General Life CIGNA Life Insurance Company of New York *Health*

Service Requested: 1-Day FCE 2-Day FCE

FCE Preference: Own Occupation Any Occupation

Has the claimant been notified of the referral for a FCE? Yes No

CLAIMANT INFORMATION

Date Referred: June 9, 2005	Claim #: 01-LTS	
Last Name: Alfano	First Name: Steven	
Claimant's Home Address: 3800 Waldo Drive, 13-G Bronx, NY 10463		
Home Phone: 718-884-2067	D.O.B.: 01/14/1958	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Most Recent Employer: Weill Medical College	Job Title: Wage and Salary Manager	

REFERRAL SOURCE INFORMATION

Referral Source: Ginny Schmidt	Phone: 800-352-0611, ext. 7158 Fax: 860-731-3244	Office Location: Dallas, TX
Billing Contact/Care Manager: Mark Sodders	Phone: 800-352-0611, ext. 5693 Fax: 860-731-2907	Office Location: Dallas, TX

INJURY INFORMATION

Attending Physician: Keith Roach, MD (IM)	Phone: 212-746-2879 Fax: 212-746-8127	Address: 505 E. 70 th Street/MT 450 NYC 10021
Date of Disability: June 6, 2000	Diagnosis: Lumbar Spinal Stenosis, Cervical DDD	

SPECIAL INSTRUCTIONS/REFERRAL QUESTIONS:

FCE Referral Questions

Claimant Name: Steven Alfano

Case Manager: Mark Sodders

Date: June 9, 2005

CIGNA Group Insurance

FCO location: _____

The Functional Capacity Evaluation has been requested to determine the following information or because of the following: (Please check all that are applicable.)

- 1. Please quantify physical and functional abilities to determine individual's capability to perform any occupation for an 8-hour day. Provide objective rationale if unable to perform a full 8-hour day.
- 2. Can this individual safely return to his/her occupation? (Determine work ability based on: DOT and/or job description enclosed.)
- 3. Does the functional level of the client match those of his/her own occupation, or are reasonable accommodations needed to return to work?
- 4. If the client is unable to safely perform his/her own occupation, what are the limiting factors from performing the job in a safe manner?
- 5. Can the individual return to work in a modified or light duty status?
- 6. Determine safe, permissible lifting abilities and general physical demand category.
- 7. Perform consistency of effort testing and correlate clinical versus functional presentation.
- 8. Did individual demonstrate maximal effort throughout testing, or were self-limiting behaviors observed?
- 9. Provide a report of any discrepancy between the subjective complaints, objective findings, and observed behavior.
- 10. Complicated case presentation involving multiple systems, i.e. fibromyalgia, RSD, chronic fatigue syndrome, myofascial syndrome, cancer, diabetes, etc.
- 11. Provide treatment recommendations with objective rationale explaining purpose, goal and prognosis for improved functioning.
- 12. Do not provide treatment recommendations with report.
- 13. Provide written observations of the individual's physical appearance, timeliness, mode of transportation, and if anyone accompanied the individual to the evaluation.
- 14. Provide physical abilities or capabilities form with final report.
- 15. Other Specific Instructions: _____

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



Steven Alfano
NYH # 228-41-47
01/22/04 15:42

CORNELL INTERNAL MEDICINE ASSOCIATES

MI Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic. X-rays show no change in the lesion in his proximal femur. We will follow him on an annual basis.

Dempsey S. Springfield, MD

ms

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45104

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
09/10/04 22:44

Progress Note: Steven Alfano / September 10, 2004

Subjective: 46 year old man with lumbar spinal stenosis - ran out of Oxycontin - did very poorly, now better

HTN - attributes high BP today to running out of meds

neck pain - currently complaining of neck pain/stiffness
R > L

Objective:

BP 140/100 P Wt 275 lbs Height 6ft 3in
126/96 repeat
Upper shoulder/neck: B muscle tenderness R > L

Current Medications:

LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bld
PREVACID 30MG CAPSULES / 1 po qd
IMITREX NASAL SPRAY 20MG/SPRAY / 1 spray intranasally prn
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
OXYCONTIN 40MG TABLETS / 1 tab po tid
ZESTRIL 20MG TABLET / 1 po qd

Allergies:

Impression:

Plan:
neck pain: discussed problem of deciding whether to treat if identified
CERVICAL SPINE, 4 VIEWS

HTN - may need additional therapy
Discontinued: ZESTRIL 20MG TABLET / 1 po qd

RTC

Keith Roach, M.D.
Electronic Signature on File

ALFANO, 30, 2004 3:10PM 41-48494

80.279 5-6

09/14/04 107486 7701200

CERVICAL SPINE MINIMUM 4 VIEWS

Final

Ordered: 09/14/2004

Location: COMPRH CARE-RT4

Order time: 0929

Name: ALFANO, STEVEN

MRN: (00000)002284147

RADIOLOGY REPORT.

Age: 46 YRS Sex: M DOB: 01/14/58

Admitting M.D.: ROACH, KEITH W DR. MD

EXAM DATE: Accession #:

09/14/04 01-RA-04-107486

Exam Ordered: Order M.D.

CSP 4 V ROACH, KEITH W DR. MD

FINDINGS:

Clinical History: Neck pain. Lumbar stenosis.

Technique: Frontal lateral and oblique views of the cervical spine. Five views.

Comparison: None

Findings: Degenerative disk disease with disk space narrowing noted at this level greater on the left than the right. Remainder of examination is normal. Alignment is normal and there is no evidence of fracture or dislocation. Regional soft tissues and osseous structures are normal.

IMPRESSION:

Degenerative disk disease with disk space narrowing and osteophyte formation at C6-C7. Left foraminal narrowing secondary to uncal vertebral joint osteophyte formation.

DIAGNOSIS:

01RA04107486

Study interpreted and report approved by: Robert D. Zimmerman M.D.

Electronically signed Diagnostic Imaging Report

14SEP2004/ 14SEP2004/ RZ

Exam start / Sign-off / Transcription initials.

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



45106

CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
05/01/03 11:23

Mt Sinai School Of Medicine

January 224th 2003

Dr. Dempsey S. Springfield, MD
Orthopaedic Surgeon

fax # 212-534-6145

DX: LSMPT

Impression:

Left hip remains the same with an occasional discomfort. He has no limp and he functions well. He has more difficulty with his right hip and has decided to have the labral tear repaired.

AP and lateral x-rays today show no change in the lesion in the proximal intertrochanteric and subtrochanteric areas with radiolucencies and radiodensities. I compared it to the one taken in July.

ms

Mark Sodders
Claim Manager
CIGNA Disability Management Solutions



June 8, 2005

Routing 212E
12225 Greenville Avenue
Suite 1000 LB 179
Dallas, TX 75243-9382
Telephone 800.352.0611 x5693
Facsimile 860.731.3907
Mark.Sodders@Cigna.com

Steven Alfano
3800 Waldo Avenue, 13-G
Bronx, NY 10463

Re:	Claimant:	Steven Alfano
	Policy Number:	NYK 1972
	Policy Holder:	Weill Medical College
	Underwriting Company:	CIGNA Life Insurance Company of New York

Dear Mr. Alfano:

This letter is in reference to the above-mentioned claim for long term disability benefits.

Please be advised that after a review of the medical information your physician submitted, we are in the process of scheduling a Functional Capacity Evaluation (FCE) for you. A representative from HealthSouth will be contacting you to discuss the date, time and place of the FCE. This exam will be at our expense.

Your policy through Weill Medical College does include a provision that allows us to send you for an exam as often as reasonably required.

Should you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

Mark Sodders

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 Task		 Contents	 Notes (0/0)																								
 Logs (0)																											
Task: Claimant Contact																											
Start Date:	06/09/2005	Due Date:																									
<input type="radio"/> Details																											
<table border="1"> <tr> <td>Name</td> <td>STEVEN ALFANO</td> <td>SSN</td> <td>098-44-3648</td> <td>DOB</td> <td>01/14/1958</td> </tr> <tr> <td>Account Name</td> <td>WELL MEDICAL COLLEGE</td> <td>Account #</td> <td>NYKRG01972</td> <td>Incurred Date</td> <td>06/06/2005</td> </tr> <tr> <td>Claim Manager</td> <td>Mark Sodders</td> <td>Incident #</td> <td>613554</td> <td>Claim Eff Dt/Status</td> <td>01/21/2003 - Active</td> </tr> <tr> <td colspan="6">Contact Information - Interview Documentation - Special Information</td> </tr> </table>				Name	STEVEN ALFANO	SSN	098-44-3648	DOB	01/14/1958	Account Name	WELL MEDICAL COLLEGE	Account #	NYKRG01972	Incurred Date	06/06/2005	Claim Manager	Mark Sodders	Incident #	613554	Claim Eff Dt/Status	01/21/2003 - Active	Contact Information - Interview Documentation - Special Information					
Name	STEVEN ALFANO	SSN	098-44-3648	DOB	01/14/1958																						
Account Name	WELL MEDICAL COLLEGE	Account #	NYKRG01972	Incurred Date	06/06/2005																						
Claim Manager	Mark Sodders	Incident #	613554	Claim Eff Dt/Status	01/21/2003 - Active																						
Contact Information - Interview Documentation - Special Information																											
<input type="radio"/> Top																											
Contact Information																											
<input type="checkbox"/> PCE re-notification																											
<input checked="" type="checkbox"/> First Phone Call																											
<input type="checkbox"/> Result Left Message - With instructions																											
<input type="checkbox"/> Second Phone Call																											
<input type="checkbox"/> Possuit																											
<input type="checkbox"/> Generate Letter/Fax																											
<input type="checkbox"/> Incoming Call																											
<input type="checkbox"/> Mail Received																											
<input type="checkbox"/> Contact Comments																											
06/09/05 called cx at 718-884-2067 to inform of the PCE. CX stated his understanding Sodders CN																											
<input type="checkbox"/> Exit																											
Interview Documentation																											
<input type="checkbox"/> Primary Diagnosis/Symptoms/Co-Morbid Conditions																											
<input type="checkbox"/> Treating Physician/Frequency/Current Treatment/Plan/Hospitalization																											

https://dms-acclaim.group.signta.com/acenza/Task/TaskOTCTASK_CLAIMANT_CONTACTDISPLAY.aspx?Id=13216311&wd=5... 6/9/2005

Functionality/Job Duties/Job Expectations

Spouse Information		
First Name	MI	Last Name
SSN	Date of Birth	
Is Spouse Employed?	If Employed	
Date of Birth of Youngest Dependent		
Other Incentive Benefits		

Comments

06/09/05 called CX at 718-884-2067 to inform of the PCB. CX stated his understanding
Mark Sodders CX

Last Changed User		Last Changed Date		
Mark Sodders		06/09/2005 02:07 PM		
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Active Contents				
Type	Due Date	Created By	Assigned To	Title
4TD	06/06/2005		Mark Sodders	ALFANO, STEVEN - 093449848 ± 01140358

Status: Completed Assigned To: Mark Sodders Created: 06/09/2005 01:55 PM

Alfano, Steven

Case Manager: Mack Sodders

SYNOPSIS: 6/3/05 Title: Wage & Salary Mgr. Work Demands: Any Occupation. Diagnosis: Lumbar spinal stenosis; cervical DDD. Incur Date: 6/6/2000.

PAA said sedentary. TSA showed transferrable skills for 4 occupations. TSA info sent to Dr but he never answered CM so FCE was ordered. Then Dr changed mind & said Cx could not do any of the 4 occupations found. Says Cx can only work if sits w/o frequent standing, & can lay down as needed & ice. Had hip arthroscopy 4/16/03. No ortho notes since 5/93. Last internal med notes 1/22/04, however DQ says seen 7/20/04. Agree w/ D2D since to information to support L&Rs.

RECORD REVIEW:

Medical records reviewed include but are not limited to:

- Lumbar MRI, 6/9/2000 - moderate to severe L5-S1 spondylosis w/ impingement L5 nerve root.
- Progress notes, Dr Keith Roach (Internal Medicine), 1/18/02 - here for pre-operative evaluation from IM standpoint because to have arthroscopic shoulder surgery. Has had previous rotator cuff repair. PMH severe L5-S1 spinal stenosis. BP 140/104. Impression low risk for planned surgery.
- Operative report, Michael Alexiades (orthopedist), 1/28/02 - Right shoulder arthroscopy w/ subacromial decompression, distal claviclectomy, bursectomy, & lysis of subacromial adhesions.
- MRI R Hip, 5/23/02 - superficial cartilage loss over R joint, acetabular dysplasia, torn hyperplastic degenerated anterior acetabular labrum.
- Progress notes, Dr Roach, 6/11/02 - here for pre-operative evaluation from IM standpoint because to have hip surgery. Old benign tumor of femur compatible w/ chondral lesion. BP 124/84. Still has moderate impingement in shoulder. Impression low risk for planned surgery.
- Operative report, Michael Alexiades (orthopedist), 6/13/02 - Left shoulder arthroscopy w/ subacromial decompression & AC joint resection.
- Progress notes, Dr Roach, 9/27/02 - BP 130/90. Using Vicodin prn. No change in tx.
- IME, Dr David Trotter (orthopedist), 12/10/02 - support unable to work normal occupation from 12/3/2000 until present.
- Operative report, Dr Alexiades, 4/16/03 - R hip arthroplasty & labrectomy. Cx had inverted labral tear. Anterior & posterior labrum removed in entirety.
- Progress notes, Dr Roach, 5/21/03 - surgery for hip went well. Considering surgery for back. BP 130/90.
- Progress notes, Dr Roach, 9/22/03 - BP 110/80. Given Oxycontin for CS stenosis.
- Progress notes, Dr Dempsey Springfield (Internal Medicine), 1/22/04 - remains asymptomatic. No change in proximal femur lesion. RTC 1 year.
- Progress notes, Dr Roach, 9/30/04 - ran out of OxyContin. BP 140/100, 326/96. c/o neck pain & stiffness. Using Lisinopril & Zestid. d/c Zestid. Get x-rays of neck.
- Cervical X-rays, 9/14/04 - DDD with space narrowing & osteophytes at C6-7. L foraminal narrowing secondary to osteophyte formation.
- Physical Ability Assessment form, Dr. Roach, 10/20/04 - Occasional sitting, standing, walking. Lift/carry up to 10 pounds, push/pull up to 10 pounds, climbing.
- Supplementary Claim Disability Benefits Form, Dr Roach, 11/30/04 - Class 5 Physical limitations; incapable of sedentary activity.
- Transferable Skills Analysis, 12/2/04 - used PAA as basis. Several jobs found.
- Letter from Dr Roach, 4/19/05 - Cx's disability is not able to sit for prolonged periods of time. Unable to sit without frequent positional changes including standing and laying down. He must also be able to ice back.

PROVIDER ATTEMPTS:

6/6/05 12:50 CST. 1st call to Dr Keith Roach (Internal Medicine) at 212-746-9663. Carmen says Dr not back in office until 6/7/05. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/7/05 15:20 CST. 2nd call to Dr Roach. Carmen says Dr is in office. She paged but Dr did not answer. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 07:20 CST. Listened to VM message from Dr Roach from 15:37 CST, 6/7/05. Will be available 6/8/05. Call 212-746-2879. 6/8/05 12:15 CST. 3rd call to Dr Roach at 212-746-2879. Number busy. Attempted call to 212-746-9663. Was also busy. 6/8/05 14:55 CST. Another call to Dr Roach at 212-746-2879. Carmen says Dr currently w/ a patient. Message left with Carmen for Dr to return call within 24 hours to 800#, extension given. 6/8/05 15:05 CST. Dr Roach called. Says the difference between the PAA & letter was due to misinterpretation of what the form meant. Dr says that over an entire work day the claimant could probably work 3-4 hours collectively, however could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines.

ASSESSMENT: Based upon the medical data available at the time of the review, which includes speaking with the attending internist, the L&Rs of no sitting for prolonged periods of time and the requirement that claimant be allowed frequent positional changes including standing and laying down along with ability to apply ice to the back are not supported as evidenced by absence of clinically measurable tests or documented abnormalities in strength or ROM testing. Clinically measurable tests like an FCE might be helpful in determining functional capacities.
Scott C. Taylor, DO

Scott C. Taylor, DO, FAOCOM
Medical Director
Disability Management Solutions
CIGNA Group Insurance

Group Insurance
Life - Accident - Disability

June 8, 2005

Keith Roach, MD
Fax: 212-746-8127
Re: Steven Alfano

12225 Greenville Avenue
Suite 615
Dallas, Texas 75243
Telephone: 800-352-0611, ext
7112
scott.taylor2@cigna.com

Dr. Roach,

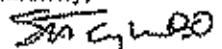
Thank you for speaking with me about Mr. Steven Alfano. This letter includes a summary of our telephone conversation in the paragraph below. I appreciate your time and help in this matter.

Telephone Conversation

"6/8/05 15:05 CST. Dr Roach called. Dr indicates that the difference between the PAA & letter was due to misinterpretation of what the term meant. He indicates that overall an entire work day the claimant could probably work 3-4 hours collectively, however he could not sit continuously more than 30 minutes at a time and then change to some other activity like standing, walking, etc. He also says that the claimant would have to be able to periodically lay down to take downward pressure off the back at least 15 minutes, 3-4X per day. Dr says that the L&Rs are principally based upon what the claimant tells him, however some is based upon what the Dr has observed during exams. Dr says claimant has difficulty sitting continuously during an office visit & he has observed claimant changing body positions, standing, etc during visits. Dr says the limiting condition is the back. The hip is not impairing. Dr also said that if claimant returns to work, there needs to be a gradual transition. Dr recommends should be limited to no more than 4 hours total work time then increased as tolerated. Dr said that in his opinion an FCE there is no reason an FCE could not be done & he felt it would give more specific functionality guidelines."

If you agree with my summary, please sign the letter below. If I have not captured our conversation accurately, please amend the letter to reflect your understanding of our conversation and sign it. Please fax this letter back to me at 860-731-3211 at your earliest convenience. If I do not receive a return fax of this letter within 7 days, I will assume you are in essential agreement with the contents of the telephone conversation above. Thank you again for the time to speak with me concerning the basis for the restrictions you recommended on Mr. Steven Alfano.

Sincerely,



Scott C. Taylor, DO, FAOCOPM
Diplomate, American Osteopathic Board of Preventive Medicine in Occupational Medicine

I am in agreement with the above brief summary of the telephone conversation with Dr. Taylor on June 8, 2005.

Keith Roach, MD

Date

06/09/05 08:24 FAX 972 582 7820

INTEGRATECARE

001

 000 TX REPORT ***

TRANSMISSION OK

TX/RX NO	4638
CONNECTION TEL	912127480127079100
SUBADDRESS	
CONNECTION ID	
ST. TIME	06/09 08:23
USAGE T	00'53
PGS. SENT	2
RESULT	OK

Facsimile Transmission Cover Sheet

CIGNA Group Insurance
 Life • Accident • Disability

Transmit to FAX number 212-746-8127	Date June 9, 2005	Time 8:19 AM	Total number of pages (including this sheet): 2
To		From	
Name Keith Roach, MD	Name Scott C. Taylor, DO <i>SCC Taylor</i>		
Company	Department		
Phone	Phone 800-352-0611, ext 7112		
Address	Address Routing 212 12225 Greenville Avenue Suite 655 Dallas, Texas 75243		
Comments			

Please return signed copy of agreement with summary and if necessary any additions or deletions you feel are necessary.

Facsimile Transmission Cover Sheet**CIGNA Group Insurance**
Life - Accident - Disability

Transmit to FAX number 212-746-8127	Date June 9, 2005	Time 8:19 AM	Total number of pages (including this sheet): 2
To		From	
Name Keith Roach, MD	Name Scott C. Taylor, DO <i>SC Taylor</i>		
Company	Department		
Phone	Phone 800-352-0612, ext 7112		
Address	Address Routing 212 12223 Greenville Avenue Suite 655 Dallas, Texas 75243		

Comments

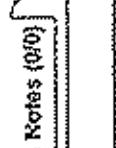
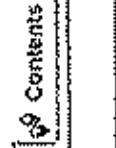
Please return signed copy of agreement with summary and if necessary any additions or deletions you feel are necessary.

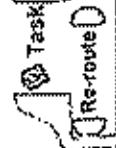
CONFIDENTIALITY NOTICE: If you have received this facsimile in error, please immediately notify the sender by telephone at the number above. The documents accompanying this facsimile transmission contain confidential information. This information is intended only for the use of the individual(s) or entity named above. Thank you for your compliance.

"CIGNA" and "CIGNA Group Insurance" are registered service marks and trademarks of various operating subsidiaries of CIGNA Corporation. Products and services are furnished by specific subsidiaries and are by CIGNA Corporation. These subsidiaries include Life Insurance Company of North America, CIGNA Life Insurance Company of New York, and CIGNA HealthCare Insurance Company.

<input type="checkbox"/> Acknowledgment Requested

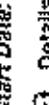
To FAX a reply, Dial: 800-731-3211

 Task  Contents  Notes (0/0)

 Re-route

Task: Internal Resource Response 06/10/2005 06/10/2005

Start Date: 06/10/2005 **Due Date:** 06/10/2005

 Details

Name	STEVEN ALFANO	SSN	058-44-3668	DOB	01/14/1958
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0001972	Incurred Date	06/06/2005
Claim Manager	Mark Scodders	Incident #	513554	Claim Eff Dt/Status	06/21/2005 - Active

Do not use this task for any of the following referrals: Appeals, External Medical/Vocational Referrals (IME, FCE, etc.), Legal, Pre-SAM/SAM, Overpayment, Settlement, Social Security and Other Benefits

Referral Medical **Type** Associate Medical Director **Name** Scott Taylor New Nurse/NRC of Record

Role Check all that apply for Medical or Vocational

Symptoms insufficient to support diagnosis

Treatment plan and/or provider specialty is not consistent with Claimant's Diagnosis

Occupational requirements assessment is needed

Determine Functional Capacity

Projected return to work date is unclear or undetermined

Return to Work Assistance

Internal Transferable Skills Assessment

Claim Complexity Change

Other Specify Other Contact AP

Comments

From 04/27/05 staffing with AP. As AP provided I/R's for the DOT's found, and then stated ex unable to perform those DOT's, and to contact AP to discuss this alleged reversal. Updated O/N from 06/01/05 through present obtained. Dr. Roach's number is 212-745-4127. Scodders CN

Title Referral Accepted Comments **Date** 06/10/2005

Active Contents					
Type	Due Date	Created By	Assigned To	Title	
\$, LTD	06/05/2009		Mark.Sodders	ALANO, STEVEN - 099445648 - 01/14/1958	
Status:	New	Assigned To:	Steve Taylor	Created:	06/01/2008 11:25 AM

Task: Claim Strategy		Start Date: 04/28/2005	Date Due: 05/06/2005
<input type="radio"/> Details		<input type="radio"/> Long [0]	
Name	STEVEN ALFANO	SSN	038-44-3648 DOB 01/14/1968
Account Name	WEILL MEDICAL COLLEGE	Account #	NYK0011972 Insured Date 06/06/2004
Claim Manager	Mark Scodars	Incident #	513534 Claim Eff Dt-Status 01/21/2003 - Active
Update Rationale - Claim Status Information - Duration Information - Strategy Documentation			
<input type="radio"/> Update Rationale			
Title	AMO Staffing		
Update Rationale	<input type="radio"/> Other New Information		
For Walk-up and Nurse Interaction Only		<input type="radio"/> Name []	
Role	<input type="radio"/> Name []		
For Staffings Only - Indicate Resources Present (check all that apply)			
<input checked="" type="checkbox"/> AMO <input type="checkbox"/> NCM <input type="checkbox"/> VRC <input type="checkbox"/> CBH Specialist <input type="checkbox"/> On-Site Psych <input type="checkbox"/> Network Orthopedist			
Claim Status Information		<input type="radio"/> Test []	
Status	Active		
Status Reason	Out Occ - Receiving Payments		
Reopened Reason			
Second Eye Review			

https://dms-acclaim.group.signt.com/accenza/TASK/TASKOTCTASK_CREATE_CLAIM_STRATEGYDisplay.aspx?Id=126863... 6/1/2005

Required	<input type="checkbox"/> Second Eye Review <input type="checkbox"/> Complete																	
Comments	<p>06/27/08 Staffed claim with AND. As AP provided L/R's for the DOB's found, and then states CX unable to perform those DOB's, AMG to contact AP to discuss this alleged reversal, after CM obtaining updated O/X from 06/01/04 through present.</p> <p>Providers CR</p>																	
Duration Information <table border="1"> <tr> <td>Part Time</td> <td>Full Time</td> <td>Red Flag</td> </tr> <tr> <td><input type="checkbox"/> Does Not Exist</td> <td>Days</td> <td>0</td> </tr> <tr> <td>Provider's Estimated RTW Date</td> <td colspan="2"></td> </tr> <tr> <td>ERD</td> <td>ERD Reason</td> <td>Primary ICD Description</td> </tr> <tr> <td>Primary ICD Code</td> <td>72252</td> <td>LUMBAR/UMBOSAC DISC DEGEN</td> </tr> </table>				Part Time	Full Time	Red Flag	<input type="checkbox"/> Does Not Exist	Days	0	Provider's Estimated RTW Date			ERD	ERD Reason	Primary ICD Description	Primary ICD Code	72252	LUMBAR/UMBOSAC DISC DEGEN
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<input type="checkbox"/> Does Not Exist	Days	0																
Provider's Estimated RTW Date																		
ERD	ERD Reason	Primary ICD Description																
Primary ICD Code	72252	LUMBAR/UMBOSAC DISC DEGEN																
Strategy Documentation <table border="1"> <tr> <td>Level of Functional Capacity</td> <td>Restrictions & Limitations</td> </tr> <tr> <td colspan="2"> Subjective / Objective Findings / Treatment </td> </tr> <tr> <td colspan="2"> Outstanding Issues and Follow-up Dates </td> </tr> <tr> <td colspan="2">Strategy</td> </tr> </table>				Level of Functional Capacity	Restrictions & Limitations	Subjective / Objective Findings / Treatment		Outstanding Issues and Follow-up Dates		Strategy								
Level of Functional Capacity	Restrictions & Limitations																	
Subjective / Objective Findings / Treatment																		
Outstanding Issues and Follow-up Dates																		
Strategy																		

-16-2005 13:04 From:

To: 1212 746 6127

P.1

CIGNA Group Insurance
Life, Accident, Disability

42284147

Facsimile Transmission Cover Sheet

2nd Request

May 16, 2005 TS
2:05pm

Transmit to FAX number 212-746-6127	Date April 28, 2005	Time 1:00 p.m.	Total number of pages (including this sheet): 4
--	------------------------	-------------------	--

Name Dr. Roach	Name Mark Sodders
Company	Department CIGNA Disability Management Solutions
Phone 212-746-2879	Phone 1-800-352-0611 Extension 5693
Address	Address 12225 Greenville Avenue Suite 1000, LB 170 Dallas Texas 75243

Medical Records

Comments	RE: Steven Alfano
	DOB: 01/34/1958
	Policyholder: Weill Medical College NYK 1972
	Underwriting Company: CIGNA Life Insurance Company of New York

In order to evaluate your patient's eligibility for Long Term Disability benefits (e.g. lost wage income) we are in need of the following information:

- Copies of your progress notes, including diagnostic test and lab results, from 8/1/04 to the present.

We ask that you kindly respond by 5/23/05 to avoid any delay in your patient's claim for lost wages.

Naturally, we will consider a reasonable charge for this medical information. Please include your tax identification number. If this request requires a pre-payment, please call me at the phone number above or fax (860-731-2907) a fee request to my attention.

Sincerely,

Mark Sodders

2nd Request

May 16, 2005 TS
2:05pm

CONFIDENTIALITY NOTICE: If you have received this facsimile, in error, please immediately notify the sender by telephone or the number above. This document, accompanying this facsimile transmission, contains confidential information. This information is intended only for the use of the individual or entity named above. Thank you for your cooperation.

The Insurance Company of North America
Company: CIGNA Life Insurance Company
Circus 123 12225 Greenville Avenue
Dallas, Texas 75243

I Acknowledge I have read

I do not apply. CIGNA Life Insurance Company

MRY-16-2005 13:04 Front

To: 1212 746 8127

P.2

NOV 30 2004 3:30PM NY

NO. 279 P. 5

DISCLOSURE AUTHORIZATION

Claimant's Name (Please Print): Steven A. Isend

I AUTHORIZE: any doctor, physician, healer, health care practitioner, hospital, clinic, other medical facility, professional, or provider of health care, medically related facility or association, medical examiner, pharmacy, employee assistance plan, insurance company, health maintenance organization or similar entity to provide access to or to give the company named below (Company) or the Plan Administrator or their employees and authorized agents or authorized representatives, any medical and nonmedical information or records that they may have concerning my health condition, or health history, or regarding any advice, care or treatment provided to me. This information and/or records may include, but is not limited to: cause, treatment, diagnoses, prognoses, consultations, examinations, tests, prescriptions, or advice regarding my physical or mental condition, or other information concerning me. This may also include, but is not limited to, information concerning: mental illness, psychotropic, drug or alcohol use and any disability, and also HIV related testing, infection, illness, and AIDS (Acquired Immune Deficiency Syndrome), as well as communicable diseases and genetic testing. If my plan administrator sponsors both a disability plan underwritten or administered by Company and a medical plan of any type written by another CIGNA company, the information and records described in this form may also be given to any CIGNA Company which administers such medical or disability benefits for the purpose of evaluating any claim that may be submitted by me or on my behalf for benefits, for evaluating return to employment opportunities, and for administering any feature described in the plan. This information may also be extracted for use in audits or for statistical purposes.

I AUTHORIZE: any financial institution, accountant, tax preparer, insurance company or reinsurance, consumer reporting agency, insurance support organization, Claimant's agent, employer, group policyholder, business associate, benefit plan administrator, family members, friends, neighbors or associates, governmental agency including the Social Security Administration or any other organization or person having knowledge of me to give the Company or the Plan Administrator or their employees and authorized agents, or authorized representatives, any information or records that they may have concerning me, my occupation, my activities, employee/employment records, earnings or finances, applications for insurance coverage, prior claim file and claim history, work history and work related activities.

I UNDERSTAND: the information obtained will be included as part of the proof of claim and will be used to determine eligibility for claim benefits, any amounts payable, return to employment opportunities, and to administer any other feature described in the plan with respect to the Claimant. This authorization shall remain valid and apply to all records, information and events that occur over the duration of the claim, but not to exceed 24 months. A photocopy of this form is as valid as the original and I or my authorized representative may request one. I or my representative may revoke this authorization at any time as it applies to future disclosures by writing the Company. The information obtained will not be disclosed to anyone EXCEPT: a) reinsurance companies; b) the Medical Information Bureau, Inc., which operates Health Claim Index (HCl); c) fraud detection agencies; d) anyone performing business, medical or legal functions with respect to the claim or the plan, including any entity providing assistance to the Company under its Social Security Assistance Program and employees involved in return to employment discussions; e) for audit or statistical purposes; f) as may be required or permitted by law; g) as I may further authorize. A valid authorization or court order for information does not waive other privacy rights.

If my medical information contains information regarding drug or alcohol abuse, I understand that my records may be protected under federal (42 CFR Part 2) and some state laws. To the extent permitted under law, I can ask the party that disclosed information to the Company to permit me to inspect and copy the information it disclosed. I understand that I can refuse to sign this disclosure authorization; however, if I do so, Company may deny my claim for benefits pursuant to the plan. The use and further disclosure of information disclosed heretofore may be subject to the Health Insurance Portability and Accountability Act (HIPAA).

Signature of Claimant or
Claimant's Authorized Representative: St. A. Isend

Date: 11/4/04

Relationship,
if other than Claimant:

Claimant's Social Security Number: 09-44-9648

Company Name: CIGNA LIFE INSURANCE COMPANY, of NEW YORK

PROHIBITION ON RE-DISCLOSURE

If the medical information contains information regarding drug or alcohol abuse, it may be protected under federal law. Federal regulations (42 CFR Part 2) prohibit any person or entity who receives such protected information from the Company from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of such protected information to criminally investigate or prosecute any alcohol or drug abuse patient.

Page 4 of 5

PATIENT INFORMATION SHEET

Steven Alfano
3800 Waldo Ave #13G
Bronx, NY 10463

HOME OFFICE
718-884-2067 (212)746-1038
SOC SEC NO. 40573-140203

EMERGENCY CONTACT

NAME Eva Alfano
PHONE 718-884-2067

SEX	DATE OF BIRTH	PLACE OF BIRTH	EMERGENCY CONTACTS			
M	01/14/1958		N	W	D	S
099-44-9648	228-41-47		X			

Eva Alfano

INS CO. NAME (Primary)

INS CO. NAME (Secondary)

United HealthCare (Employee)

Medicare

PLAN #

GROUP #

963376884

099-44-9648-A

ICD 722.4 CERVICAL DISC DEGENERATION/DEGENERATIVE DISC DISEASE
ICD 761.90 HYPONATRHEMIA, HYponatremia, HYponatremia
ICD 780.47 SLEEP APNEA, HYPOVENTILATION
ICD V70.8 GENERAL MEDICAL EXAMINATION
ICD 762.1 HYPERTROPHIC CARDIOMYOPATHY
ICD 857.1 SPRAINTER, THIGH
ICD 897.14 IMPOTENCE, ORGANIC, ORG-897.14
ICD 897.15 TOOTH DEVIATION/DEFECT
ICD 911. DEPRESSIVE PSYCHOPATHY
ICD 912.9 DEPRESSIVE PSYCHOPATHY
ICD 913.9 DEPRESSIVE PSYCHOPATHY
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ICD 982.9 VAGINAL ECTOPIC TISSUE
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ICD 999.9 VAGINAL ECTOPIC TISSUE

OXYCONTIN 80MG TABLETS / 1 tab po qd
LISINOPRIL 20MG TABLET / 1 tab po qd
TRIAMCINOLONE 0.1% CREAM / apply bid
PREVACID 30MG CAPSULES / 1 po qd
IMITREX 50MG SPRAY 20MG/SPRAY / 1 spray intranasally pm
IMITREX 50MG TABLET / 1-2 tabs with onset of migraine
ASPIRIN 81MG TABLET EC / 1 po qd
VIOMAX 60MG TABLET / 1 tab po qd

ALLERGIES

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER



CORNELL INTERNAL MEDICINE ASSOCIATES

Steven Alfano
NYH # 228-41-47
01/22/04 15:42

Mt Sinai School of Medicine

IMPRESSION:

Mr. Alfano remains asymptomatic. X-rays show no change in the lesion in his proximal femur. We will follow him on an annual basis.

Dempsey S, Springfield, MD

MS

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